

Beth, our patient, responded to my attendings queries with as much frustration as she had shown me. When asked why her endocrinologist referred her to a gynecologist, she said, “I don’t know, my pancreatic enzymes were elevated, so he wanted me to see you.” I mulled this over. Then, finally, we made some headway. It turned out she had an abnormal lab value that can be indicative of an ovarian malignancy.

This time, when I looked at Beth, sitting there on the exam table, vulnerable in a paper white gown, I saw fear and anxiety. She was worried, terrified that her abdomen was sheltering some indolent malignancy, slowly growing and invading her healthy tissues. I watched, amazed, as my preceptor, entirely unfazed by Beth’s harshness, calmed her nerves and educated her about the next steps of evaluation. Beth softened and thanked us. She left with a totally different demeanor than when I first entered the room. Although we weren’t able to offer any treatment or definitive answer that day, we were able to address her concerns and ease at least some of her fears.

As a medical student, I had the ability to step out of that exam room when I felt frustrated and belittled. I had the luxury of taking a moment to exit, take a deep breath, and regroup. By recovering and taking a moment to realize that her aggression and frustration weren’t any fault of mine, I was able to understand there was something more under the surface of her ill-mannered facade. She was afraid, and she leveled her anxiety initially at us.

I learned an important lesson that day. I experienced firsthand that when patients are irritated or distraught, there is probably something underlying their hostility other than a long wait or paperwork to fill out. In the future, I will certainly encounter many situations like these. I likely won’t have the time to step out of every room when I find myself in a tense conversation. I’ll take with me the belief that in order to care for another, you must first take a moment to care for yourself. Sometimes that means putting your ego aside in order to reach out to someone who may be in a very scary place. One day, I hope to exhibit the same grace and skill with which my preceptor showed in order to have the privilege of helping guide my future patients through dark and frightening periods of their life. ■

RODNEY

Amber K. Harrell, Class of 2017

*M*an, it sure is hot today. I bet that’s going to have my blood pressure high again. Riding my bike in this hot sun always seems to make it high. Doc isn’t going to be happy with me today because my sugars have been high, too. I wonder what we’ll change with my meds today and if I’ll be able to afford them...

“Knock, Knock,” (a young girl wearing a white coat walks into the exam room), “How are you this morning, Rodney?”

“I’m fine.” *Oh no, not the student again, I know she is going to ask me a million questions about my medications and blood sugars. She’s nice and all, but I’m just tired today. She doesn’t understand that it’s a long ride back to the coalition and I have to make it in time for lunch or no food for me today.*

“How have things been going since the last time we saw each other?”

“Actually, not that great.” *Pretty terrible really. No house, no insulin, no strips. My life is a mess.*

“Really? I’m so sorry, tell me about what’s been going on?”

This girl seems like she is interested in what I have to say, but do I really want to tell her my whole sob story this morning? I’m sure she has other patients and doesn’t want to waste her time with me. Maybe if she understood what’s been going on though, she’ll know why my blood sugars have been out of whack.

I don’t need anyone feeling sorry for me,
I just need time to get back on my feet.

“Well, I lost my housing a little over a month ago and I don’t really have a place to live right now. I’ve been having to go to the homeless coalition to take showers and stuff.” *Did that sound like I want her pity? I don’t need anyone feeling sorry for me, I just need time to get back on my feet.*

“Oh Rodney, I am so sorry that this has happened to you! How are you coping with the stress this has caused you?”

“Ok, I guess. I mean it’s hard. I’ve never been homeless before.” *And I don’t know how to fix it. I’ve looked all over town for a place to stay, but it’s hard with only a temp job to find a place that will rent to me. How am I going to keep living on the streets? I haven’t had a place to keep my insulin and I don’t even know if I can keep paying for my prescriptions because I need the money for food. This student must think I’m pitiful telling her all this. I’m scared though, I don’t want my diabetes to get out of control. I know this disease can kill me, but I don’t know what I’m going to do.*

“Have you been able to find a safe place to sleep and food to eat?”

“Yes, I’ve been going to the coalition to eat once a day. Sometimes, the line is too long or I don’t make it in time. It’s a long bike ride from where I’ve been sleeping to the coalition. On these days, I can usually use the few dollars I have from odd end jobs that I do to buy me a cheap burger or something, but I know I shouldn’t eat that with my diabetes.” *Here comes the lecture about junk food and diabetes. The students always get on my case about it, but they don’t realize that it’s the only food I can afford right now.*

“It must be hard to think about eating healthy when you aren’t sure where your next meal is coming from. How have your blood sugars been doing since all this happened?”

“Not so good, I’ve gotten 500s a few times, but I’ve actually had some really low numbers, too.” *My sugars have never been that high, even when I got diagnosed a couple years ago they weren’t that high. Who knows what they have been the past few days, but I haven’t had any strips to check. I’ve only had the money to eat one meal a day, so I know that’s why my sugars have been falling low, especially when I have to ride my bike really far, but what else can I do? I don’t have any extra cash for snacks or the bus right now.*

“Oh, you’re right, those numbers aren’t so good. I know that you usually keep them lower. Have you been able to get your

medications? I know you have a lot going on right now and traveling to the pharmacy must be hard.”

“I still get the metformin since that one is free, but I haven’t had my insulin because I don’t have a cold place to keep it.” *Yes, it’s a lot. I’m feeling overwhelmed and I don’t know what I’m going to do.* “To be honest with you ma’am, my diabetes has been on the back burner for the last month and a half since I lost my housing.” *Now this young lady thinks I’m making excuses, but it really has been hard and I don’t know what else to do. She’s probably going to tell me, “don’t worry, it will get better,” but I don’t want to hear that right now. I need help, I feel like I’m drowning.*

“Well, again Rodney, I am so sorry to hear that you have been going through this tough time. I want to let you know that Doc and I are here for you and we want to help you in any way we can. Yes, we are worried about your diabetes, especially those low numbers you are getting more often, but as you mentioned, you have other things going on right now that are preventing you from being the patient we know you usually are. I want you to know that we are going to help. Let me grab Doc so we can talk about resources around this community to help you find a safe place to sleep and store your insulin. We can also see if there are spots open in any of the group homes or shelters around town. Just give us a few minutes and we will make some calls for you, ok?”

“Ok,” (student leaves the room). *Wow, I wasn’t expecting that. Maybe Doc won’t be so mad at me after all and maybe there will be a bed open for me at the shelter. I didn’t know they would help me with my insulin either. This is what I need, just a little help and time to get back on my feet. I know what I need to do to be a good patient and have my blood sugars back to where they should be. It’s just tough because life happens and some things we can’t control. It’s not like I don’t care about my diabetes, I know what can happen. I watched my mom end up in a wheelchair with one of her legs amputated due to diabetes. No way am I going to let that happen to me. I just have to get through this rough patch, then I’ll be alright. I actually do feel better after telling the student what I’ve been going through. Now it seems like they understand and want to help me. Today isn’t turning out so bad after all. ■*

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